

the availability of mosquito control measures, rapid treatment of active cases, and excellent epidemiological resources to survey other exposed populations and to seek out cases for treatment would quickly extinguish a malaria fire and alert the populace.

However, problems *do* exist—chiefly the need for consciousness-raising: increased physician awareness, accompanied by a dusting off of long-neglected tropical medicine texts and course notes in parasitology; medical surveillance of the newcomers; improved clinical diagnoses along with increased readiness of diagnostic laboratories to deal with imported parasitic infections; availability of prompt and appropriate treatment, assisted by information from experts at the Centers for Disease Control (telephone (404) 329-3676 or 3670 for drug services). Some infections are long-lasting and difficult to treat, clonorchiasis being an example that many Chinese can attest to, even 30 to 40 years after leaving China or Taiwan. Giardiasis can be long-lasting and nonresponsive to treatment. Strongyloidiasis is sometimes chronic and is potentially lethal following immunosuppression. Vivax malaria can relapse for up to five years after an initial bout. Malariae malaria can recrudescence from low-level blood stream infections for several decades. These, however, are individual, *private*, not *public* health problems. The danger is not to resident Americans but to the newcomers themselves. Especially in danger are those whose levels of exposure have been greatly increased and whose resistance to infection has been reduced concomitantly by their personal tragedies and unbelievable suffering, including long periods of malnutrition or even starvation, crowded conditions in refugee camps with little or no protection against fecal contamination, and the psychic stress of war, uprooting, deprivation and loss, followed by entry into a strange and frightening new environment. It is hardly surprising that parasite loads are sometimes so high, affecting 50 percent or more of their numbers.<sup>5-10</sup> But fortunately most intestinal worms are easily treated.<sup>11</sup> Malaria, in spite of chloroquine resistance, can be cured. It is the conditions of life that control exposure and determine infection levels: sanitation, water supply, housing, crowding and nutrition. Intestinal infections of agricultural workers in many rural camps exceed those of the refugees, particularly levels of amebiasis. *How* one lives as well as *where* one is—or *was*—are the prime factors. Immigration barriers will not control endemic infection levels—

sanitation, reasonable housing, clean water, adequate nutrition and education *will*. Past mistakes engender future problems, to be faced by our children and those of the war-ravaged refugees from Southeast Asia living new lives in this country. Sympathetic recognition and understanding of their suffering, loss and need will help them through their initial culture shock. Personal health care will clear the parasites with minimal need for concern for endemic neighbors. Then will come the period of adaptation, integration and new citizen status, to be followed by productivity and contributions by these hard-working, responsive and culturally ancient new Americans.

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## Prevention of Nuclear War

NUCLEAR WAR is patently insane from the standpoint of the health and well-being of humanity and one would like to think that all those who come into possession of a destructive thermonuclear capability will always be sane enough not to use it. But the fact is that insanity has not been unheard of among the world's rulers, although so far none of those obviously affected have had thermonuclear weapons at their disposal. Unfortunately there is clear evidence that more and more nations are developing nuclear armaments presumably for defense against other nations which might attack them with these kinds of

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weapons. It seems inevitable that some disturbed group or nation somewhere will use these weapons as a last resort or in the belief that their use will prevent something worse. And again it should be remembered that those in charge of the group or nation may not always be entirely sane.

There is a growing sentiment among many physicians that somehow the medical profession should do something to bring some sanity into the worldwide approach to the proliferation of nuclear armaments or the capability of developing them. The medical profession can speak authoritatively on their short-range and long-range impact on health, and the profession is represented in every nation on earth. It is also the profession most expert in what little is known of the cause, diagnosis and treatment of insanity. An effective course

of action by the profession, as physician to the world so to speak, is sorely needed, but is not yet identified.

An initial step was taken recently by the House of Delegates of the American Medical Association which recommended that an agenda item at the next meeting of the World Medical Association Council be a discussion of the medical consequences and prevention of nuclear war. All physicians and even all of humanity can hope that these discussions will lead to some practical steps that can be taken by physicians and others around the world.

—MSMW

EDITOR'S NOTE: A medically sponsored World Disarmament Campaign is also under way. Physicians wishing more information about this may contact André Bruwer, MD, 4122 East 6th St., Tucson, AZ 85711.